

Billing Official Internal Control Checklist

Function. The function covered by this checklist is the administration of the Purchase Card Program.

Purpose. The purpose of this checklist is to assist Commanders and managers in evaluating the key management controls outlined below. It is not intended to cover all controls.

Instructions. Certifying Official answers must be based on the actual testing of key management controls (e.g., document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least annually and provided to the local Agency/Organization Program Coordinator NLT 10 October of each year. Agency/Organization Program Coordinators must report any significant findings to the Principal Assistant Responsible for Contracting or the Director of Contracting NLT the last work day of October of each year.

1. Do cardholders have a copy of his/her appointment letter and training certificates (mandatory purchase card training and verification of completion of the DoD web based purchase card tutorial)?

2. Does the billing official have a copy of his/her appointment letter and training certificates (mandatory purchase card training and verification of completion of the DoD web based purchase card tutorial)?

3. If it has been 2 years or more since you and your cardholders completed mandatory purchase card training, have they completed or are they scheduled for refresher training?

4. Is there documentation from requestors stating the justification for purchases made?

5. Before a cardholder makes a purchase from a commercial source, are required sources of supply and services (JWOD Program, UNICOR, etc.) (FAR 8.001) checked for availability to fill the requirement?

6. Is the billing official conducting annual reviews on cardholder accounts?

7. Prior to purchase, have required preapprovals been obtained (Information Technology, Media, Telecommunications, etc.)?

8. Has a legal review been obtained for questionable-use purchases?

9. Are cardholders assuring that requirements are not split to stay within the cardholder's single purchase limit?

10. Are cardholders avoiding placing back orders and ensuring that the vendor is not charging for a supply or service before it can be delivered (exception Training)?

11. Is all billing official supporting documentation kept for each purchase for 6 years and 3 months? (This includes justifications for buy, receipts, legal reviews if applicable, etc.?)

12. Do you know that your cardholders are not allowing anyone else to use their charge card?

13. Do receipts show that state and local taxes have been exempt?

14. Is there separation of duties between cardholders, billing officials, property book officers and hand receipt holders? (Buying, receiving, budgeting and accountability should not be done by the same individual.)

15. Are your cardholders reconciling and approving their statements within 3 workdays after the end of the billing cycle (23rd of the month)?

16. Are you, as the billing official, certifying your monthly statements for payment within 5 workdays after the end of the billing cycle (23rd of the month)?

17. Are property book items (to include pilferable items) reported to the hand receipt holder to place on the Property Book?

18. Do you and all of your cardholders complete Ethics Training annually (required training)?

19. Do your cardholders rotate sources when placing repeat orders?

20. Do you promptly notify the Agency Program Coordinator when a cardholder departs, retires or no longer needs a card?

The following questions are applicable to the billing official for the checkbook holder only:

21. Are convenience checkbooks safeguarded against theft or loss?

22. Have any checks been issued for more than the authorized amount of \$2,500?

23. Is quarterly surveillance being conducted on convenience check accounts by your Internal Review and Audit Compliance Office?

Billing Official signature: _____

Date: _____

